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## REVENUE SHARING FUNDS APPLICATION FOR FUNDING

**Placer County** 

**Prior Contributions** 

Board of Supervisors
The Placer County Board of Supervisors has actively promoted revenue sharing funding as a means to provide financial support for local events, fundraising, programs, supplies, improvements, and equipment needed to help non-profit and community based organizations. In approving the revenue sharing contributions, the Placer County Board of Supervisors finds that each and every approved contribution serves a public purpose by promoting the general welfare of the County and its inhabitants therefore a benefit results to the County.

Please complete, print and sign the application and include it with your letter of request. Placer County Law Enforcement Chaplaincy 916-672-6984 Organization Telephone: P. O. Box 1111 none Address Line 1 Fax Number: Newcastle, CA 95658 Email: pclecadmin@gmail.com Address Line 2 www.placerchaplains.com Website Briefly describe the community benefit the organization, event, program or project provides: Critical incident and crisis support/intervention to community members experiencing Community sudden personal loss. Logistical support and extension of community service for law Benefit enforcement. Personal, emotional, spiritual support for law enforcement personnel. Briefly describe how Revenue Sharing funding would be utilized. (Please list items and activities to be funded with any Revenue Sharing funds allotted. Funding cannot be used for core budget needs or program or event staffing such as security, instructors, cleanup crews, etc.) To provide fundraiser supplies for an evening reception at the Palisades Tahoe Ski Resort; such as posters, name tags, supplies needed for the evening, programs for Funding utilized the evening Has this organization received Revenue Sharing Funds in the past? If yes, specify year(s), event and amount: 2022 BBQ = \$2,500, \$ 2021 Palisades = \$2,000, 2020 Pancake Breakfast & 1/750 Years/Amounts I swear under penalty of perjury that the information supplied herein is true and correct. 5-31-2023 Michael R. Boon APPLICANT NAME DATE -APPLICANT'S SIGNATURE Office Use Only **Date Received** BOS Agenda Meeting Date Date Posted to Web Amount Received Date Removed From Date funding check mailed